



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2754

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

As the Medical Examiner and Lee County Environmental Laboratory caseload grows with a rapidly expanding population, demand for both routine and emergency services exceeds the current aging facility space shared by both organizations. The funds will be used for planning, design and permitting of an expansion of the Lee County Medical Examiner Office and Lee County Environmental Laboratory.

5. **State Agency to receive requested funds**

**State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	3,500,000
<b>Total State Funds Requested</b>	<b>3,500,000</b>

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,500,000	97%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	3%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>3,600,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

Local funding; difficult in the wake of Hurricane Ian response and recovery expenses.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

**If yes, indicate the amount of funds received and what the funds were used for.**



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Lee County used CARES Act - \$168.5m, Consolidated Appropriations Act (CAA) 2021 - \$23.3m, and ARPA - \$188m for household rent, mortgage, utilities, childcare, food distribution assistance; for small businesses relaunch, mitigation of the spread of the virus, and technical assistance; for local programs for public health, behavioral health, workforce training, affordable housing, homelessness services, educational disparities; and for County infrastructure projects.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

Pending Planning Recommendation

d. What is the estimated completion date of construction?

Pending Planning Recommendation

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

Lee County Board of County Commissioners

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The project involves planning, design and engineering for a Medical Examiner's Facility and Environmental Laboratory of sufficient capacity and capabilities to support community needs.	3,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,500,000</b>

### 14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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**b. What activities and services will be provided to meet the intended purpose of these funds?**

The funds will be used for design and permitting for a Medical Examiner and Environmental Laboratory capable of serving the public with the latest and most advanced techniques, sufficient capacity to provide necessary routine services, and the ability to respond expertly to disasters locally and within surrounding jurisdictions.

**c. What direct services will be provided to citizens by the appropriation project?**

The project will ultimately result in services to citizens by expediting expansion & improvement of facilities for critical medical examiner services for Lee, Hendry, and Glades Counties, and environmental laboratory services, which are performed for Lee County and the cities of Cape Coral and Fort Myers, as well as citizens from surrounding counties in southwest Florida.

**d. Who is the target population served by this project? How many individuals are expected to be served?**

General (the majority of funds will benefit no specific group)

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Excellence of and confidence in a medical examiner system and an environmental laboratory, sufficient capacity to provide essential services, and the ability to serve the public by providing quality, efficient, and timely evaluations. Methodologies used will include: measured water quality sample result turnaround/response time for public water supply and surface water; laboratory competency testing/audit results and retention of credentials certification; the ability for the medical examiner office to serve public health and criminal justice system demands without the need for temporary measures or facilities.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?**

Failure to adequately fulfill deliverables as contractually agreed can lead to non-payment and/or contract termination.

**15. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**16. Recipient Contact Information**

a. Organization

b. Municipality and County

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)



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LFIR # 2754

- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**